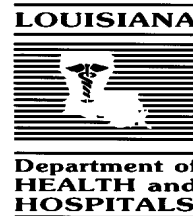


DUE DATE: _____



M. J. "Mike" Foster, Jr.
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



David W. Hood
SECRETARY

FINANCIAL DATA

CAPACITY ASSESSMENT PACKAGE FOR EXISTING PUBLIC WATER SYSTEMS

Short and Simplified Business Plan

Department of
HEALTH and
HOSPITALS

Financial Data (for systems which charge for water): This part of the package consists of a set of 3 financial forms (a Rate Review Summary, an Income and Expense Statement, and a Balance Sheet). Please complete and return them within 45 days. The formats are generic, but may be more detailed than some that are used. Use your own format, if desired, and please do not omit the 3-year projections. Should you experience any difficulties in furnishing the financial information, please contact this office immediately, and we will assist as required. It is important that we obtain the information for assessment in a timely manner. Be sure to complete the required certification statement on the last page of this Financial Data Booklet.

Financial Data should be submitted to the Capacity Coordinator at the following address:

CAPACITY DEVELOPMENT PROGRAM
OFFICE OF PUBLIC HEALTH • CENTER FOR ENVIRONMENTAL HEALTH SERVICES
6867 BLUEBONNET BLVD. • BOX 8 • BATON ROUGE, LOUISIANA 70810

OFFICE OF PUBLIC HEALTH • CENTER FOR ENVIRONMENTAL HEALTH SERVICES
6867 BLUEBONNET BLVD. • BOX 8 • BATON ROUGE, LOUISIANA 70810
PHONE # 225/765/5075 • FAX # 225/765/2916
"AN EQUAL OPPORTUNITY EMPLOYER"

CAPACITY ASSESSMENT *FOR EXISTING PUBLIC WATER SYSTEMS*

Short and Simplified Business Plan

FINANCIAL PLAN FORM I. RATE REVENUE SUMMARY

	LAST YEAR	CURRENT YEAR	3 YEAR PROJECTION		
	20 ____	20 ____	YEAR 1	YEAR 2	YEAR 3
1 Number of Residential Customers					
2 Average Annual Residential Bill					
3 Total Residential Bills Levied (Line 1 times Line 2)					
4 Amount Uncollected					
5 Total Residential Rates Collected (Line 3 less Line 4)					
6 Total Commercial/Industrial Bills Collected					
7 Total Projected Rate Revenue (Line 5 plus Line 6)					
8 Please provide the date (month/year) of the last change in water-use rates.					
9 Please provide the current residential, commercial and industrial water-use rates.					

NOTE: Please state below the reason(s) for any projections which exhibit extraordinary growth patterns or decreases in revenues.

CAPACITY ASSESSMENT *FOR EXISTING PUBLIC WATER SYSTEMS*

Short and Simplified Business Plan

FINANCIAL PLAN FORM II. INCOME AND EXPENSE STATEMENT

	LAST YEAR	CURRENT YEAR	3 YEAR PROJECTION		
OPERATING REVENUES	20 ____	20 ____	YEAR 1	YEAR 2	YEAR 3
1 Water Rates					
2 Bulk Water Rates					
3 Fire Protection					
4 Fees and Services					
5 Other					
6 Total (Add Lines 1 thru 5)					
OPERATING EXPENSES					
OPERATION AND MAINTENANCE					
7 Salaries (Operators)					
8 Benefits					
9 Utilities					
10 Chemicals & Treatment					
11 Monitoring					
12 Materials, Supplies & Parts					
13 Transportation					
14 Purchased Water Costs					
15 Outside Services					
16 Other					
17 TOTAL O & M EXP (Add Lines 7 thru 16)					
ADMINISTRATIVE					
18 Salaries					
19 Benefits					
20 Building Overhead					
21 Office Supplies & Postage					
22 Insurance					
23 Customer Billing & Collection					
24 Accounting					
25 Legal					
26 A/E & Professional Services					
27 Other					
28 TOTAL ADMIN EXP (Add Lines 19 thru 27)					
29 Depreciation Expenses					
30 Other					
31 TOTAL OPERATING EXP (Add Lines 17, 28, 29, 30)					
32 Operating Income (loss) (Subtract Line 31 from 6)					
NON-OPERATING REVENUES					
33 Interest Income					
34 Interfund Transfer					
35 Proceeds from the Sale of Assets					
36 Leases and Extraction Fees					
37 Other					
38 TOTAL NON-OPERATING REVENUES(Add Lines 33 thru 37)					
NON-OPERATING EXPENSES					
39 Interest Expense					
40 Other					
41 TOTAL NON-OPERATING EXP (Add Lines 39 and 40)					
42 Net Income (Loss) Before Taxes (Add Lines 32 and 38 less 41)					
TAXES					
43 Income Taxes					
44 Other than Income Taxes					
45 TOTAL TAXES (Add Lines 43 thru 44)					
46 Net Income (Loss) After Taxes (Subtract Line 45 from 42)					

CAPACITY ASSESSMENT *FOR EXISTING PUBLIC WATER SYSTEMS*

Short and Simplified Business Plan

FINANCIAL PLAN FORM III. BALANCE SHEET

		LAST YEAR	CURRENT YEAR	3 YEAR PROJECTION		
		20 ____	20 ____	YEAR 1	YEAR 2	YEAR 3
ASSETS						
PLANT						
1	Water Plant					
2	Construction in Progress					
3	Other					
4	Less Accumulated Depreciation					
5	Total Plant (lines 1 thru 3 less line 4)					
CURRENT ASSETS						
6	Cash					
7	Investments					
8	Accounts Receivable					
9	Inventory					
10	Total Current Assets (lines 6 thru 9)					
OTHER ASSETS						
11	Emergency Reserves					
12	Debt Service Reserve					
13	Replacement Fund					
14	Total Other Assets (lines 11 thru 13)					
15	TOTAL ASSETS (lines 5, 10, 14)					
CAPITALIZATION & LIABILITIES						
CAPITALIZATION						
16	Proprietary Capital					
17	Retained Earnings					
18	Other Capital Items					
19	Total Capitalization (lines 16 thru 18)					
20	LONG-TERM DEBT					
CURRENT LIABILITIES						
21	Accounts Payable					
22	Accrued Expenses					
23	Current Portion of Long-Term Debt					
24	Short-Term Debt					
25	Other					
26	Total Current Liabilities (lines 21 thru 25)					
27	TOTAL CAPITALIZATION & LIABILITIES (lines 19, 20, 26)					

NOTE: Lines 15 and 27 must be equal.

CERTIFICATION	
I hereby certify that the information contained herein is true and accurate, to the best of my ability.	
Water System Name: _____	Print Full Name Clearly
Authorized Representative of Water System: _____	Print Full Name Clearly / Title
Authorized Representative of Water System: _____	Signature
	Date
Please make a copy for your records.	

DHH-OPH - Drinking Water Capacity Development Program

6867 Bluebonnet Blvd, Box 8, Baton Rouge, LA 70810 · Tel (225) 765-5075 · Fax (225) 765-2916